

LINDA LINGLE
GOVERNOR



STATE OF HAWAII
EMPLOYEES' RETIREMENT SYSTEM

ALOHA!

Subject: Retirement Application Packet (*Noncontributory Plan*)

Congratulations on your planned retirement! This packet has been designed so that you can receive accurate and timely retirement pension payments and includes the following:

1. Service Retirement Application and Instructions (green)
2. Choosing the Best Retirement Option for You! (pink)
3. Spousal/Reciprocal Beneficiary Notification Form (white)

Please do the following:

1. Complete the Service Retirement Application accurately – refer to the instruction sheet (green) to help you complete the form. An explanation of the Retirement Options is on the back of the form.
2. Bring the completed Service Retirement Application (green) and the requested documents with you to your appointment. If you are not scheduling an appointment, please return the Retirement Application in the self-addressed envelope with the requested documents.

Please note:

1. Your desired retirement date must be the 1st day of any month or the 31st day of December.
2. You can submit your Retirement Application as early as 150 days before your retirement date but not later than 30 days before your retirement date.

Should you need any further assistance, please contact our Claims and Benefits Branch at (808) 586-1735.

Very truly yours,

David Shimabukuro
Administrator

Enclosures

Retirement Information
(Noncontributory Plan)

ELIGIBILITY REQUIREMENTS

- Regular Retirement - Any member who has attained age 62 with a minimum of 10 years of credited service or attained age 55 with 30 or more years of credited service.
- Early Retirement - Any member who has attained age 55 and has 20 years of credited service.
- Vested Retirement - Any member who has attained age 65 with 10 years of credited service and terminated membership before age 62.

All minimum service credit requirements exclude unused sick leave.

APPLICATION FOR BENEFITS

An application for retirement must be received in the Employees' Retirement System office or a neighbor island liaison office not more than 150 days before and not less than 30 days before the retirement date. Retirement must begin on the 1st day of a month or on the 1st or 31st of December. A member is restricted to filing three (3) service retirement applications. Retirement is mandatory on the date specified in the third application.

OPTIONS:

- | | |
|-------------------------------------|--|
| Maximum Allowance | The highest lifetime allowance and in the event of death, there is no further benefit payable. |
| Option A
(50% Survivor) | A reduced lifetime allowance payable and in the event of death, the designated beneficiary is paid a lifetime benefit comprised of one-half of the monthly allowance and any cumulative post retirement increases. Should the designated beneficiary predecease the retirant, another beneficiary cannot be named and all payments terminate upon the death of the retirant. |
| Option B
(100% Survivor) | A reduced lifetime allowance and in the event of death, the designated beneficiary is paid the same benefit plus any cumulative post retirement increases for life. Should the designated beneficiary predecease the retirant, another beneficiary cannot be named and all payments terminate upon the death of the retirant. |
| Option C
(Ten Year
Guarantee) | A reduced lifetime allowance and in the event of death within 10 years of retirement, the designated beneficiary is paid the same monthly allowance plus any cumulative post retirement increases only for the balance of the 10-year period. Should the designated beneficiary predecease the retirant, another beneficiary can be named. |

Any option selection shall be irrevocable upon the effective date of retirement.

**Instructions for Completing Service Retirement Application – Form 18-N
(Noncontributory Plan)**

An application for retirement must be received in the Employees' Retirement System (ERS) office as early as 150 days before but not less than 30 days before the retirement date. Your retirement date must be the 1st of the month except for December when retirement can be either the 1st or the 31st of the month. It cannot be the same day as your last day of work.

The following instructions will help you complete the application form. Return the original for to the ERS office. Please call the ERS Honolulu office at (808) 586-1735 if you need further assistance.

I. PERSONAL DATA

Name: Last, first, and middle name.

Social Security Number: Your 9-digit number.

Mailing or PO Box Address: Address for the receipt of ERS mail. (Note: Any change in your mailing address must be reported to the ERS in writing to ensure proper delivery of notices, statements, and tax forms to you).

Retirement Date: Your retirement date must be the 1st day of a month or the 1st or 31st day of December. It cannot be the same day as your last day of work.

Date of Birth: The month, day, and year of your birth. Please provide both the original document and a photocopy of it for birth date verification. Acceptable documents include:

- Certified copy of your birth certificate; or
- Original baptismal certificate recorded before age five; or
- Written verification from Social Security if you are age 62 or over.

If one of the above is not available, submit any two of the following:

- Original baptismal certificate/religious record with birth date or age and recorded after age five
- Valid Hawaii driver's license
- Hawaii State Identification card
- Passport
- Foreign passport with birth date or age
- Marriage record with birth date or age
- Naturalization record with birth date or age
- Voter registration record
- Census record
- Military record with birth date or age
- Hospital treatment record with birth date or age
- Life insurance policy
- Elementary school record
- Child's birth certificate with age of member/parent

Position or Job Title/Department/Division or School: Your position or job title, the name of the Department and/or Division you are employed with, and/or the name of the school where you work.

Employer: Check off whether you work for the State, County (identify which County), or Board of Water Supply.

Check Address: Name of Financial Institution where you want your monthly pension checks to be deposited. Specify whether it's a checking account (attach voided check) or savings account (attach deposit slip), and provide the account number. Checks will be sent to your Mailing or PO Box Address (approximately 2 pay periods) before the direct deposit into your financial institution is activated. You will receive a monthly pension, which will be paid at the end of each month.

Daytime/Home/Cellular Phone: Enter the appropriate number for each.

II. RETIREMENT OPTIONS

Carefully read the information on the back of the application form. Select only one retirement option.

You should select an option at the time you file your retirement application. You may change your option at any time **prior** to your retirement date. Option changes are **not allowed** once your retirement is effective.

III. BENEFICIARY DESIGNATION

List your beneficiary's name, social security number, their relationship to you, and their date of birth.

Multiple beneficiaries, a trust, or an estate may be designated for the Maximum Allowance option only. Only one beneficiary may be designated for Options A, B, or C. If you select an option that allows designation of multiple beneficiaries, provide the Social Security number of the first beneficiary. Also, clearly indicate the proportionate share each beneficiary should receive. For example, "In equal shares or to whoever survives." For a contingent beneficiary under the Maximum Allowance or Option C, please indicate, "In the event of death, to..."

If you select Options A or B, you must provide verification of your beneficiary's birth date. (Please refer to the list of acceptable documents on the front page of these instructions).

IV. TAXES

Your retirement benefits are subject to Federal income taxes only. They are exempt from any State taxes. You **must complete** Section IV of the application form or a Federal Tax Withholding Certificate (Form EC&B-123B) **prior** to retirement. The ERS will issue a 1099-R for your future income tax filing.

Federal Tax Withholding Certificate:

Monthly Pension:

Check "NO" if you **DO NOT** want ERS to withhold Federal income taxes from your monthly checks.

Check "YES" if you **DO** want ERS to withhold Federal income taxes from your monthly checks. Indicate your marital status, and provide the number of exemptions or dollar amount for this withholding. If you specify a dollar amount, this amount will be withheld from each monthly pension check.

Changes to your monthly withholding can be made after your retirement date by filing a written notice to the ERS.

If no Federal Tax Withholding Certificate is received **prior** to your retirement date, your retirement benefits will be processed with **NO** Federal income tax withholding from your monthly pension.

V. SIGNATURE

You must sign the application in the presence of a Notary or an ERS representative. Your signature may be notarized at the ERS office or retirement filing session at no charge. However, appropriate identification is required.

NOTE: IF YOU ARE MAILING IN YOUR APPLICATION, PLEASE BE SURE ALL NECESSARY DOCUMENTS ARE ATTACHED. IDENTIFY EACH DOCUMENT WITH YOUR NAME AND SOCIAL SECURITY NUMBER.

EMPLOYEES' RETIREMENT SYSTEM
OF THE STATE OF HAWAII
201 MERCHANT STREET, SUITE 1400, HONOLULU, HAWAII 96813-2980
Phone: (808) 586-1735 or Neighbor Island: Hawaii 974-4000, ext. 61735, Maui: 984-2400, ext. 61735, Kauai: 274-3141, ext. 61735
Molokai/Lanai: 1-800-468-4644, ext. 61735
SERVICE RETIREMENT APPLICATION
(Noncontributory Plan)

To the Board of Trustees: _____ Date _____, 20____
In accordance with the provisions of law governing the operation of the Employees' Retirement System (ERS) of the State of Hawaii, the undersigned, a member of ERS, hereby applies for retirement from active service.

I. PERSONAL DATA (Please print or type)

Name: _____ Social Security Number: _____
LAST FIRST MIDDLE
Mailing or PO Box Address: _____
Street Apt. No. City State Zip code
Retirement Date: _____ Date of Birth: _____
MONTH DAY YEAR MONTH DAY YEAR
Position or Job Title/ Department/Division or School: _____
Employer: (Check one) ☐ State of Hawaii ☐ County of _____ ☐ Board of Water Supply
Deposit Check to: Financial Institution Name: _____
☐ Checking (attach voided check) ☐ Savings (attach deposit slip) Account No. _____
Daytime Phone: _____ Home Phone: _____ Cellular Phone: _____

II. RETIREMENT OPTIONS: (Select one only)

I read the information on the back of this application and select the following retirement option:

☐ Maximum Allowance ☐ Option A (50% Survivor) ☐ Option B (100% Survivor) ☐ Option C (10-Yr Guarantee)

III. BENEFICIARY DESIGNATION: This section must be completed for all options. Only one beneficiary may be designated for Options A, B, & C. Multiple beneficiaries, a trust, or an estate may be designated for the Maximum Allowance only.

Name: _____ Social Security Number: _____
Relationship: _____ Date of Birth: ____/____/____

IV. FEDERAL INCOME TAX WITHHOLDING: You must complete the following to designate federal income tax withholding from your monthly pension check. No federal income taxes will be withheld if the following is not completed. Select only one choice.

☐ NO Do not withhold federal income taxes. Marital status: ☐ Single
☐ YES Withhold federal income taxes based on the following: ☐ Married
Exemptions _____ number or
Deduct \$ _____ from each monthly pension check.

V. SIGNATURE: This application must be signed in the presence of an ERS representative or a Notary Public.

Signed _____ Date _____ ERS Representative _____

State of Hawaii _____)
County of _____) SS.

On the _____ day of _____, 20____ personally appeared before me the said named _____
_____ to me known to be the person described in and who executed the foregoing instrument
and who acknowledged such execution as being a free and voluntary act and deed.

Affix your
official seal

Notary Public _____

My commission expires _____

(SEE REVERSE FOR INFORMATION)

GREEN – ERS Copy

CANARY – Member's Copy

State of Hawaii
Employees' Retirement System

***Choosing the Best Retirement Option for You
(Noncontributory)***

Every family's financial circumstances differ, so we recommend that you consider the following factors when selecting the option that is best for you.

Monthly Income

- Can you live on your pension income?
- Do you have any other source of income besides your pension (e.g., Social Security, investment income or a part-time job or business)?

Death Benefits

- Do you need to provide for someone after your death (e.g., spouse, dependent children, parents or siblings)? Will there be adequate income for your spouse if you die first? Will your beneficiary be protected for your lifetime regardless which option you choose?
- What is your current health status?
- If you have a serious illness, consider Options A or B, which provide survivor benefits.
- If you are a younger member in good health, Option C may not be appropriate because of the likelihood that you will outlive the 10-year guaranteed period. However, if your beneficiary is older than you are or is not in good health, Option C provides flexibility in allowing changes in your beneficiary designation if your beneficiary predeceases you after you retire.
- For survivor options, the younger the beneficiary the lower the monthly pension.
- If your spouse has his/her own pension benefit, can he/she survive without your monthly pension if you should die first?
- Do you have sufficient life insurance if you choose an option without any death benefits? Are you still insurable considering your age and health?

Post Retirement Increases

- You will receive an increase of 2.5% each July 1 starting with the calendar year after your retirement date.
- This increase is based on your original monthly pension and is not compounded.
- The higher your monthly pension, the higher your post retirement increase in dollars.

No Refund of Contributions

- There are no refund options for the Noncontributory Plan since retirement contributions are not deducted from your salary.

**EMPLOYEES' RETIREMENT SYSTEM
OF THE STATE OF HAWAII**

201 Merchant Street, Suite 1400
Honolulu, Hawaii 96813-2980

Phone: (808) 586-1735 or 1-800-468-4644 extension 61735 (neighbor islands)

SPOUSAL/RECIPROCAL BENEFICIARY NOTIFICATION FORM

In accordance with Act 182/2003, the Employees' Retirement System (ERS) of the State of Hawaii must furnish written notification to a member's spouse or reciprocal beneficiary (Legal partnership between two individuals who are prohibited from marriage under Hawaii Law), regarding a member's retirement.

In order to comply with this requirement, you must provide the ERS with information relating to relationship status. This form must be returned to our office prior to your retirement date; otherwise, your initial pension check may be delayed.

(Select one)

Relationship Status: ☐ Married ☐ Single ☐ Reciprocal Beneficiary

If you circled married or reciprocal beneficiary, you must also provide the name and mailing address of your spouse or reciprocal beneficiary.

(Please print)

NAME: _____

MAILING ADDRESS: _____

I understand that:

- Notification can be waived if I selected option 2 or 3 (or combination thereof) or option A or B, and designated my spouse/reciprocal beneficiary as the primary beneficiary.
- My option selection shall not take effect unless I furnish the proper information.
- The ERS will rely on the information I have provided and will not be liable for any false statements.

Signature: _____ SSN: _____

Print Name: _____ Retirement Date: _____